

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Ralph Adams</i>		County <i>Wicomico</i>		TOWN <i>Salisbury</i>		MARYLAND					
Died at <i>Salisbury</i>		Month <i>3</i>		Day <i>12</i>		Age <i>1</i>		Months <i>9</i>		Days <i>—</i>	
Date of death <i>1908</i>		Sex <i>male</i>		Color or Race <i>a. a.</i>		Birth- place <i>Salisbury</i>		Where Residing if not at place of death <i>...</i>			
Occupation <i>—</i>		Merried, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Charles Adams</i>		Father's Birthplace <i>Somerset Co.</i>			
Mother's Maiden Name <i>Angelia A. Winder</i>		Name of parson giving Information <i>Charles Adams</i>		Mother's Birthplace <i>Wicomico Co.</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

146

Primary <i>Rickets</i>	How long <i>Three months</i>
Immediate <i>''</i>	How long <i>''</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Roberts</i>
Accident or Suicide <i>—</i>	Address <i>328 Church St. Salisbury Md.</i>

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

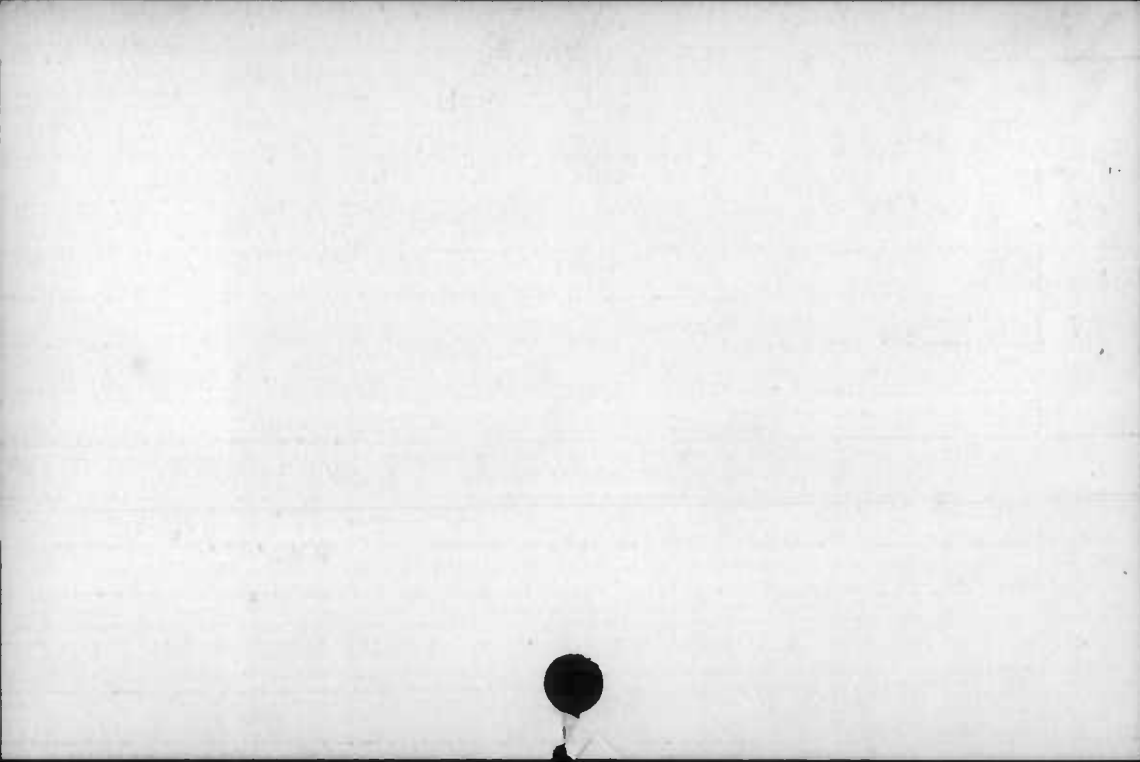
Died at <i>Neen Fruitland</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1960</i>	Month <i>March</i>	Day <i>14th</i>	Age <i>64</i>	Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housework</i>		Where Residing if not at place of death <i>—</i>			
Married ¹ <i>Widow</i>		Name of Wife Husband <i>Stephen Byrd</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Millie Byrd</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Azariah Disharoon</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Grip-pneumonia</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. J. T. Long</i>
	Address <i>Fruitland</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Annie Callier
Salisbury Town
Wicomico County

MARYLAND

Died at
Date of death 1901
Month Mar
Day 29
Age 39
Years
Months
Days

Sex Female
Color or Race Colored
Birth-place Md

Occupation Housework
Where Residing if not at place of death

Married, Single or Widowed
Name of Wife or Husband John R Callier

Father's Name James Morris
Fether's Birthplace Md

Mother's Maiden Name Mary Hull
Mother's Birthplace Md

Name of person giving Information John R Callier
How related to deceased Husband

CAUSES OF DEATH

93

Primary Lobar Pneumonia
How long, how long Five weeks

Immediate

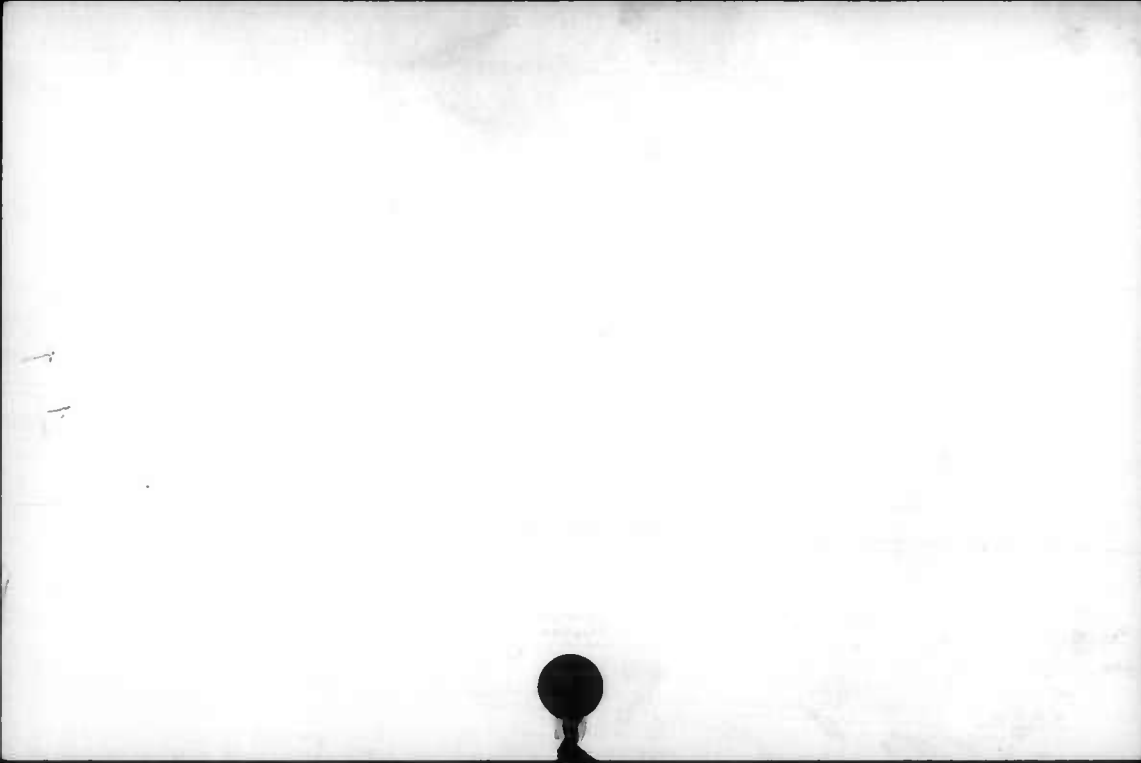
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. St. Roberts
Address 328 Church St.
Salisbury Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Russell B Hart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County
Date of death 1940 Mar Month 15 Day Age 2 Years 1 Months 26 Days
Sex male Color or Race Colored Birth-place Md
Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Loney E Hart

Father's
Birthplace

Pa

Mother's
Maiden Name

Bella Waller

Mother's
Birthplace

Md

Name of person giving
Information

Loney E Hart

How related
to deceased

Father

CAUSES OF DEATH

Primary

Loba Pneumonia

How long

9 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. H. Roberts
328 Church St.
Salisbury Md.PHYSICIAN
OR CORNER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Wain
Town *Salisbury* County *Wicomico*

Died at *Salisbury* Month *Mar* Day *25* Age *87* Years Months *—* Days *—*

Date of death 19*40*

Sex *male* Color or Race *Black* Birth-place *Va*

Occupation *Farmer* Where Residing if not at place of death *Hollywood, Va, died at the Hospital Salisbury*

~~Name of Deceased~~ or Widowed Name of Wife or ~~husband~~ *Hennie Wain*

Father's Name *Da not know* Father's Birthplace *—*

Mother's Maiden Name *Laura Wain* Mother's Birthplace *Va*

Name of person giving Information *Louis Wain* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

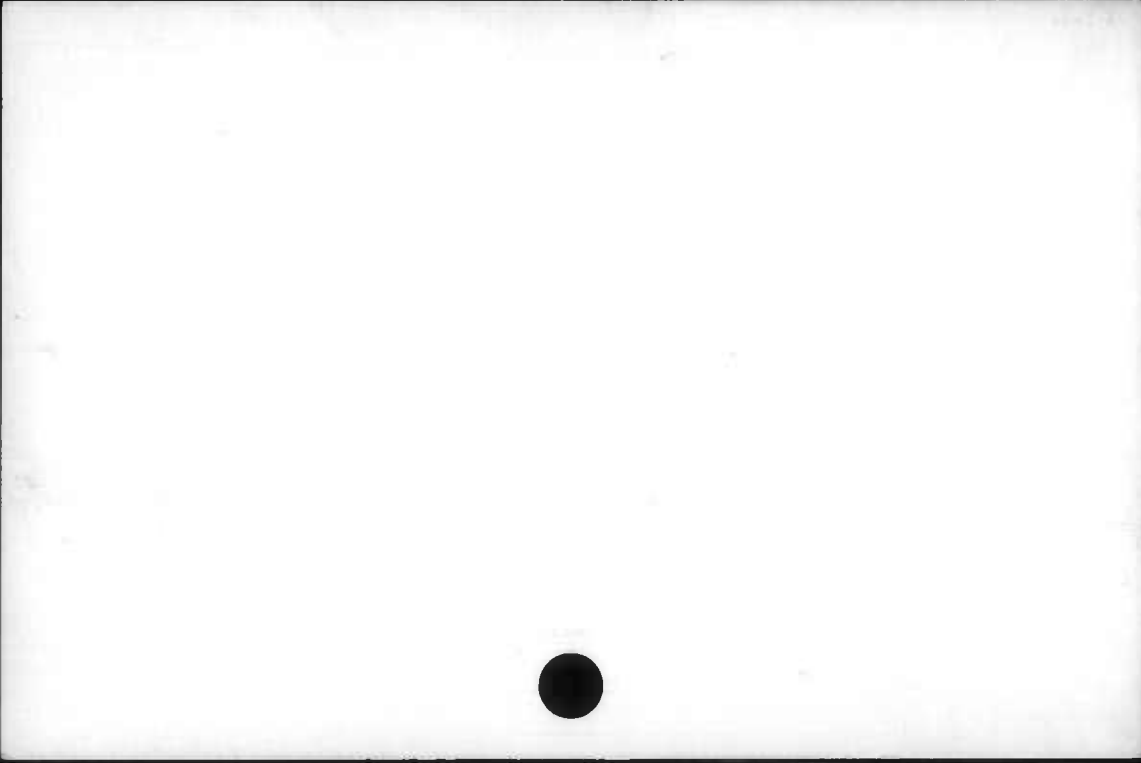
Primary *Hemorrhage of Kidneys* How long *2 weeks*

Immediate *Hemorrhage of Kidneys* How long *2 weeks*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *H. L. Drake M.D.*

Address *Salisbury Md*

H Accident or Suicide



Name
in
Full

William J Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Parsonsburg ^{County} Wicomico **MARYLAND**

Date of death 1900 ^{Month} Mar ^{Day} 1 ^{Years} 1 ^{Months} 0 ^{Days} 0

Sex Male Color or Race White Birth-place Md

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mariah E Davis

Father's Name Levin Davis Father's Birthplace Md

Mother's Maiden Name Charlotte Kelley Mother's Birthplace Md

Name of person giving Information Levin J Davis How related to deceased Son

CAUSES OF DEATH

120

Primary Bright's Disease How long 18 months

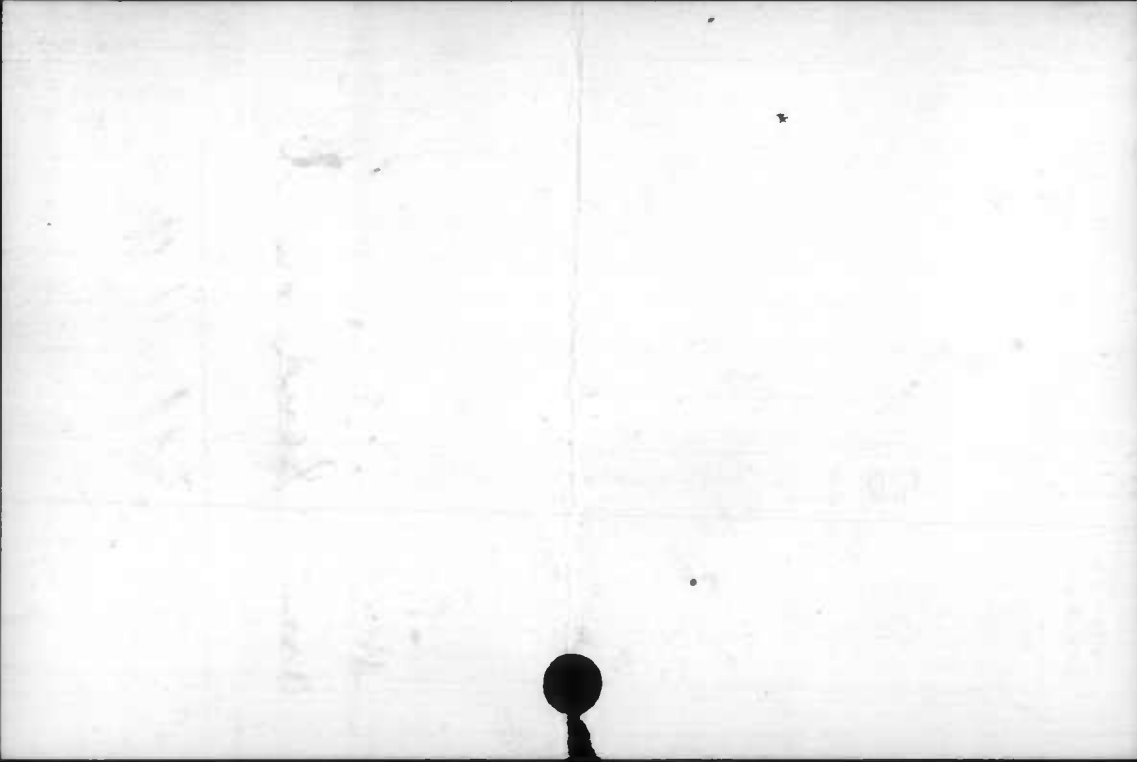
Immediate Exhausted vitality How long 10 or 12 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Dr. Geo. H. Smith

Address Parsonsburg

Accident or Suicide Maryland

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Givens* County *Wicomico*

Died at *Salisbury* Town *Salisbury* Maryland

Date of death *19d 0* Month *Mar* Day *3* Age *5* Years *3* Months Days

Sex *male* Color or Race *white* Birth-place *Md*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Matilda Givens*

Father's Name *James Givens* Father's Birthplace *Md*

Mother's Maiden Name *Precilla Parsons* Mother's Birthplace *Md*

Name of person giving Information *William Jones* How related to deceased *Son in law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

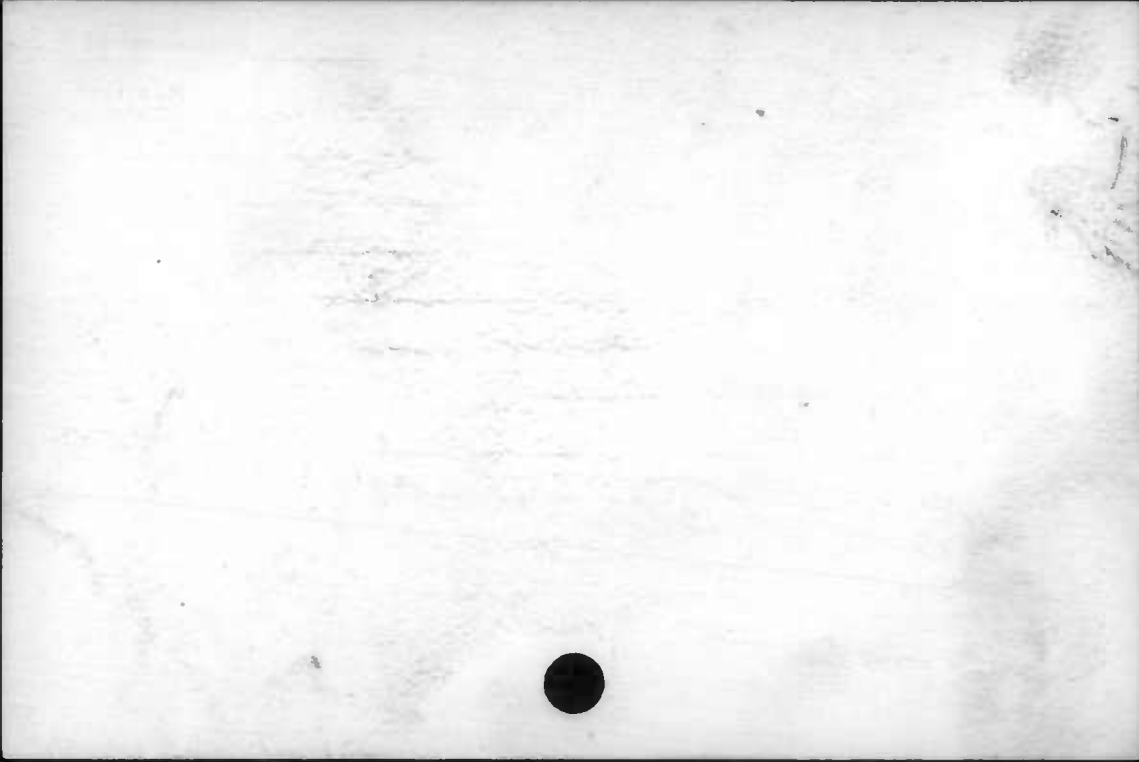
Primary *Starvation -* How long *3 Mo*

Immediate *Fracture of Asclephaga (Lyz)* How long *3 Mo*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *Harry C. Lee*

Address *Salisbury Md*

Accident or Suicide *Heavenly*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

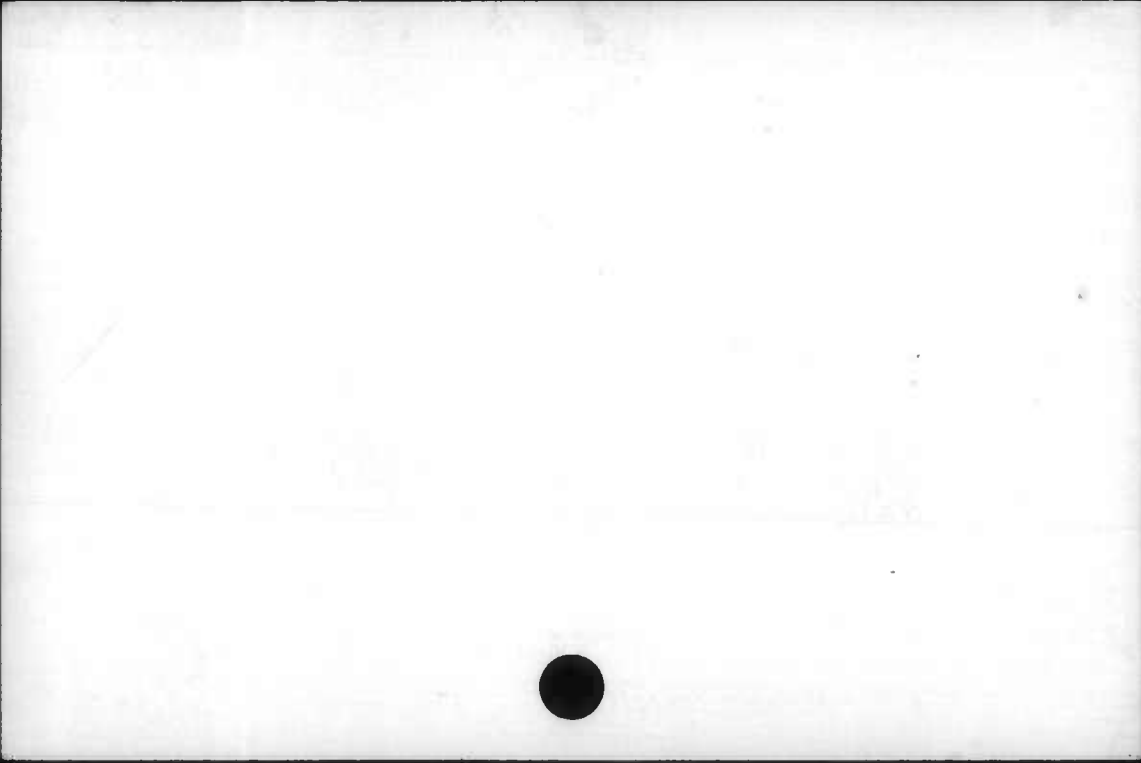
Name *Capn William Handy* Town *Salisbury* County *Wilcomile*
 Died at *Salisbury* Month *3* Day *7* Years *23* Months *—* Days *—*
 Date of death *1900* Age *30*
 Sex *male* Color or Race *a. a.* Birth-place *Wilcomile Co.*
 Occupation *General labor* Where Residing if not at place of death *Salisbury*
 Married, Single or Widowed *yes* Name of Wife or Husband *Late Handy*
 Father's Name *William Handy* Father's Birthplace *Wilcomile Co.*
 Mother's Maiden Name *Lucy A Wood* Mother's Birthplace *" "*
 Name of person giving Information *" "* How related to deceased *Mother*

CAUSES OF DEATH

89

PHYSICIAN
OR CORONER

Primary *Ulceration of trachea* How long *two months*
 Immediate *" "* How long *" "*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. W. Roberts*
 Address *328 Church St. Salisbury Md.*
 Accident or Suicide *—*



Name
in
Full

Elisabeth Hitchens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury ^{Town} Wicomico ^{County} **MARYLAND**

Date of death 19d 0 ^{Month} Mar ^{Day} 3 Age 77 ^{Years} 8 ^{Months} 24 ^{Days}

Sex Female Color or Race white Birth-place Del

Occupation Housework Where Residing if not at place of death

~~Married~~ Single or Widowed Name of ~~Deceased~~ William Hitchens Husband

Father's Name Jesse McShister Father's Birthplace Del

Mother's Maiden Name Elisabeth Cooper Mother's Birthplace Del

Name of person giving Information Virginia B Maddox How related to deceased Niece

CAUSES OF DEATH

64

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

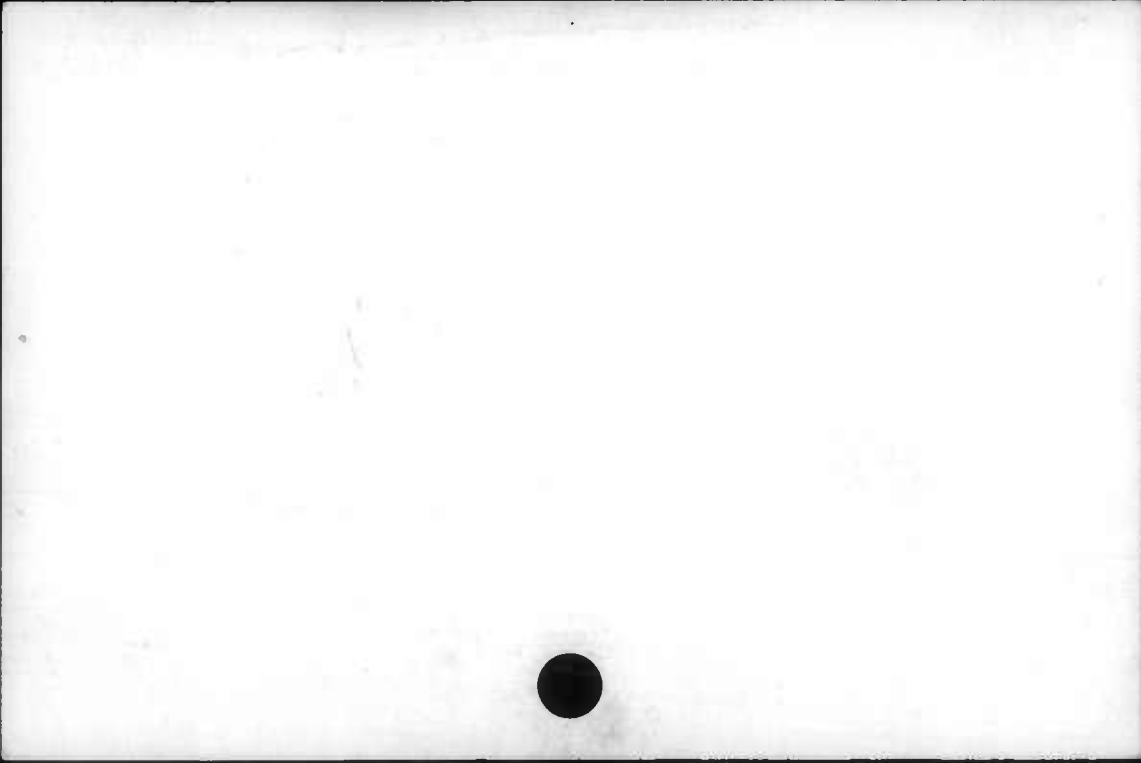
Address

Accident or Suicide

How long

Two Hours

Gen. H. Todd
Salisbury
Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Levin H Houston County *Salisbury* Maryland

Died at *Salisbury* Month *3* Day *24* Years *80* Months *11* Days *11*

Date of death *1970* Age *80*

Sex *male* Color or Race *a a* Birth-place *Salisbury*

Occupation *Head waiting* Where Residing if not at place of death *Salisbury*

Married, Single or Widowed *single* Name of Wife or Husband *—*

Father's Name *Levin Houston* Father's Birthplace *Salisbury*

Mother's Maiden Name *Easter Palk* Mother's Birthplace *Salisbury*

Name of person giving Information *Salman T. Houston* How related to deceased *Brother*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Endocarditis* How long *seven months*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J.W. Roberts*

Address *528 Church St. Salisbury Md.*

Accident or Suicide *—*



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John T Jones*
Town *near Salisbury* County *Wicomico*
Died at *near Salisbury*
Date of death 19*20* *Nov* Month *24* Day Age *6* Years Months Days
Sex *male* Color or Race *white* Birth-place *Md*
Occupation _____ Where Residing if not at place of death _____

~~Married, Single~~
or Widowed

single

Name of Wife or Husband _____

Father's Name

Charles Jones

Father's Birthplace

Md

Mother's Maiden Name

Annie Layfield

Mother's Birthplace

Md

Name of person giving Information

Charles Jones

How related to deceased

Father

CAUSES OF DEATH

Primary

Cold

How long

1 week

Immediate

Pneumonia

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr ER Smith

Address

Salisbury Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Dorothy A. Ribble

TO BE ANSWERED BY
NEAREST FRIEND

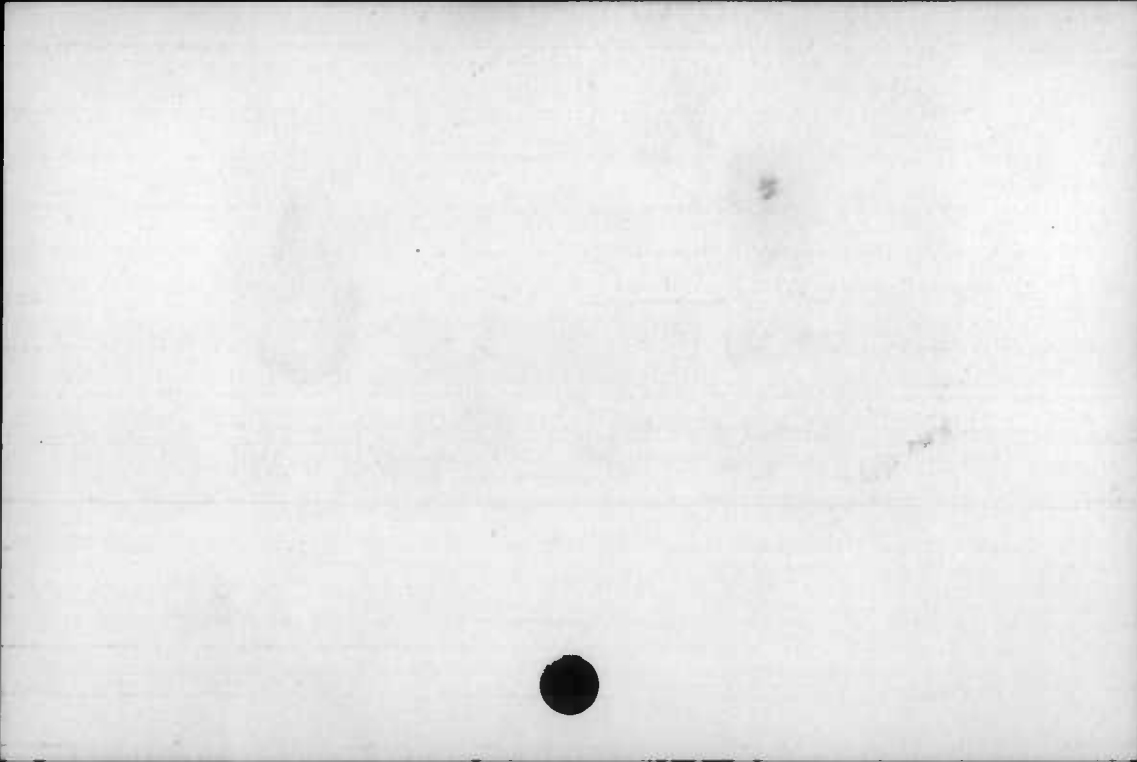
Died at <i>Shad Point</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1940</i>	<i>March</i> <small>Month</small>	<i>28th</i> <small>Day</small>	<i>67</i> <small>Years</small>	<i> </i> <small>Months</small>	<i> </i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Virginia</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i> </i>			
Married, Single <i>Widow</i>	Name of Wife or Husband <i>George W. Ribble</i>				
Father's Name <i>Henry W. Wheatley</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Susan Gardner</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Wade Fletcher</i>	How related to deceased <i>Son-in-law</i>				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>15 years(?)</i>
Immediate <i>Septic thrombus</i>	How long <i>Few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signatures of Physician <i>J. McQuinn</i>
	Address <i>Salisbury, Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Hallis Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		10 th ^{Town} <i>Dick</i>		Thomson ^{County}		MARYLAND	
Date of death	1910	Month	March	Day	28 th	Age	1
Sex		Male		Color or Race		Negro	
Occupation				Birth-place		Thomson Co	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Unknown			
Father's Birthplace							
Mother's Maiden Name				Minnie Lewis			
Mother's Birthplace				Thomson Co			
Name of person giving information				Sam'l. Rice			
How related to deceased				none			

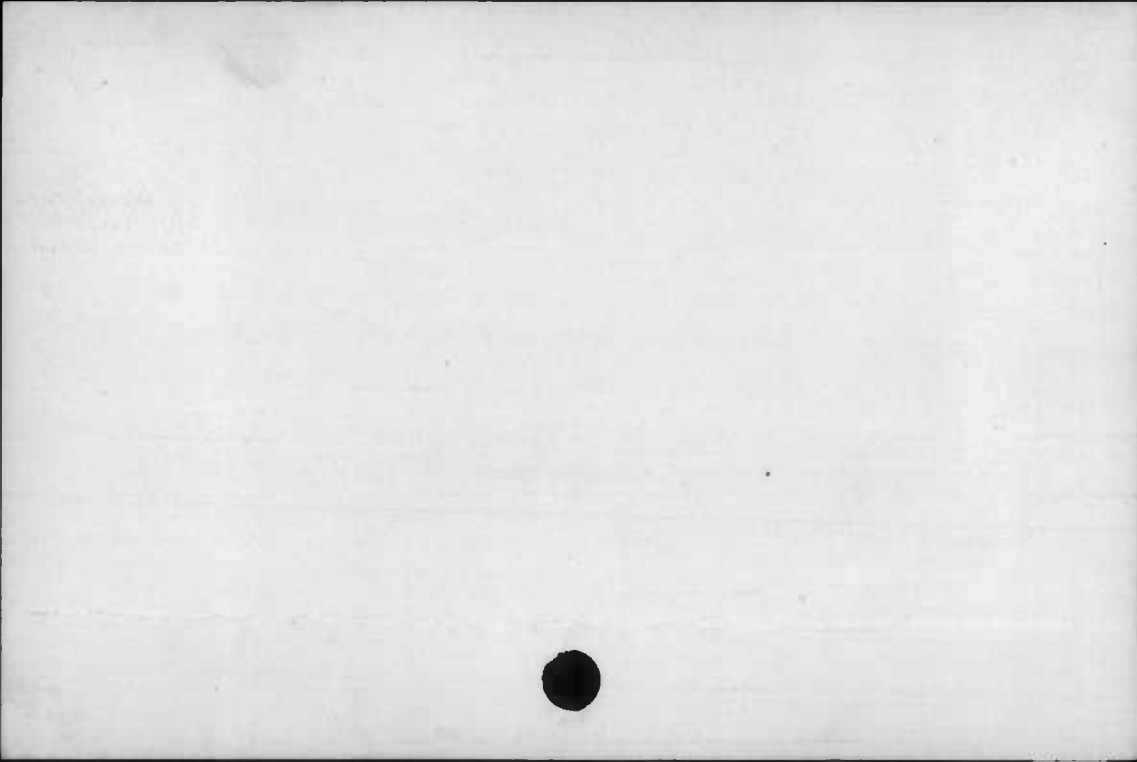
CAUSES OF DEATH

189

✓

PHYSICIAN
OR CORONER

Primary	Teething	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Phy</i>		
	Address <i>Mc Mann</i>		
Accident or Suicide?	Local doctor		



Name
in
Full

Jennie R. Martin

CERTIFICATE OF DEATH

Died at <i>On Express train Between Wilmington & Harrington Del.</i>		Town <i>Wilmington</i>		County <i>Del.</i>		State <i>MARYLAND</i>	
Date of death	19 <i>40</i>	Month <i>Nov</i>	Day <i>25th</i>	Age <i>47</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Berlin Md.</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Salisbury Md.</i>						
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Rev. Oscar L. Martin</i>				
Father's Name <i>Charles Collins</i>	Father's Birthplace <i>Worcester Co. Md.</i>						
Mother's Maiden Name <i>Fane Cooper</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>Rev. O. L. Martin</i>	How related to deceased <i>Husband</i>						

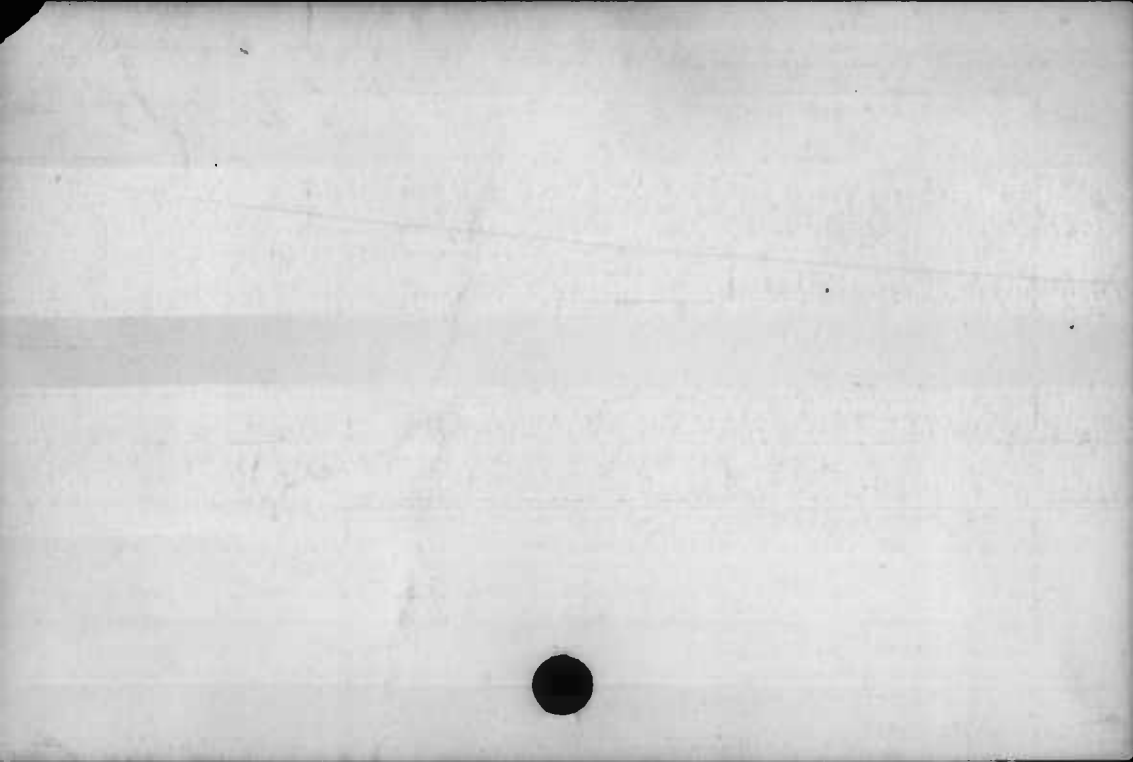
CAUSES OF DEATH

43

Primary	<i>Carcinoma of breast</i>	How long <i>3 y &</i>
Immediate	<i>Thrombosis</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. J. J.</i>
		Address <i>Salisbury Md</i>
Accident or Suicide? <i>No</i>		

Not certified
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Annie Moody*

Died at *Near Salisbury* ^{Town} *Wicomico* ^{County} **MARYLAND**

Date of death *1900* ^{Month} *Nov.* ^{Day} *8th* Age ^{Years} *45* ^{Months} *0* ^{Days} *0*

Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation *Housekeeper* Where Residing if not at place of death

Married—Single *Widow* Name of Wife or Husband *Frederick Moody*

Father's Name *Thomas Handy* Father's Birthplace *Maryland*

Mother's Maiden Name *Mary Lowe* Mother's Birthplace *"*

Name of person giving information *Benjamin Handy* How related to deceased *Sister*

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary *Puerperal Sepsis* How long *One week*

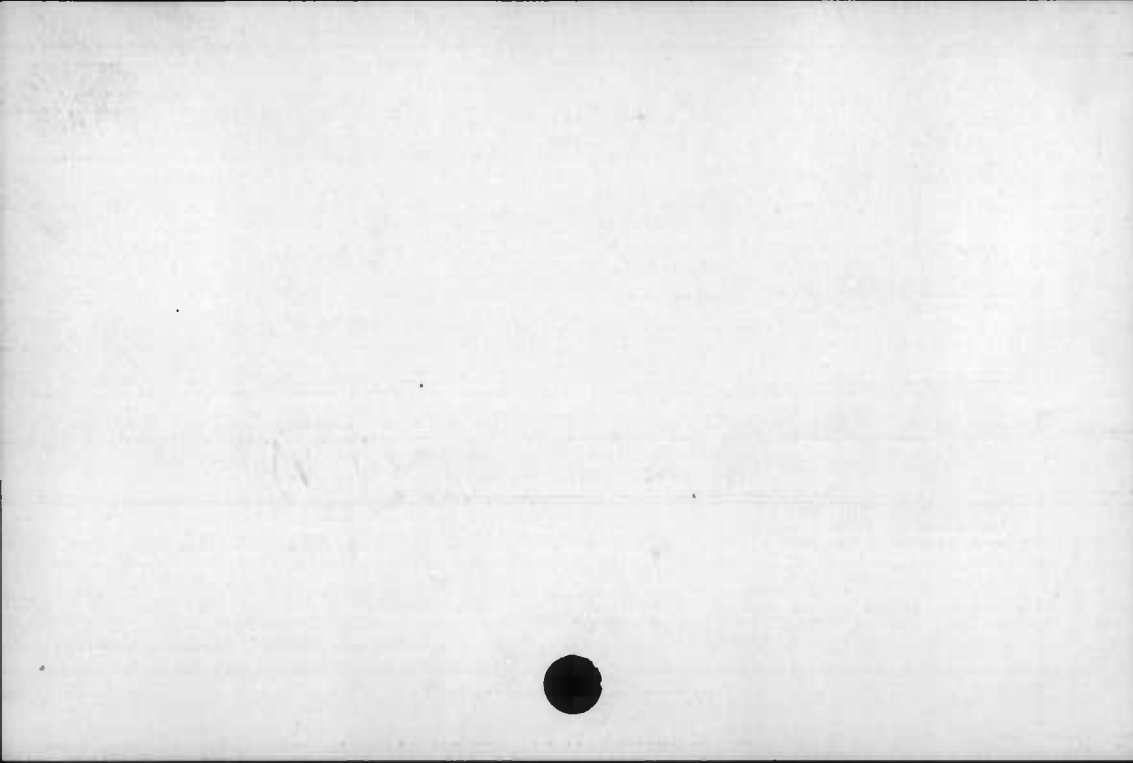
Immediate *During* How long *" "*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. H. Reed*

Address *Salisbury Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

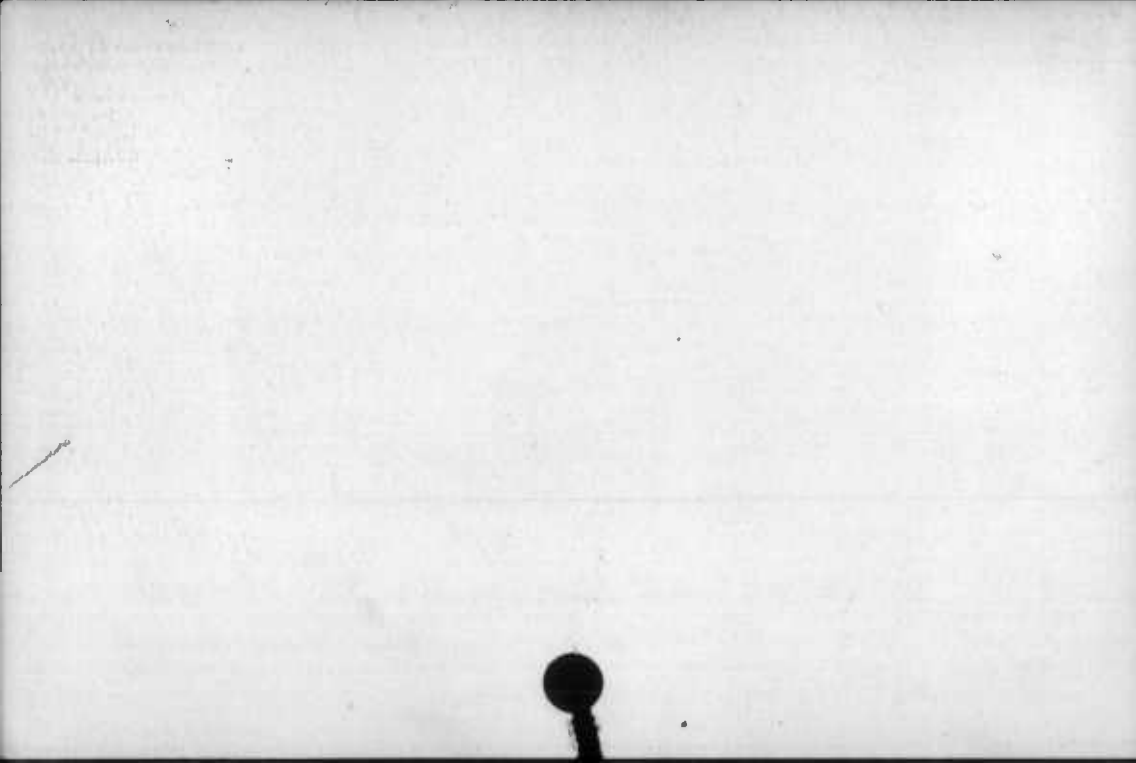
Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>March</i>	Day <i>19th</i>	Age <i>88</i>	Years	Months <i>1</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co. Md.</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Hannah Morris</i>						
Father's Name <i>Thomas Morris</i>	Father's Birthplace <i>Worcester Co. Md.</i>						
Mother's Maiden Name <i>Naomi Tilghman</i>	Mother's Birthplace <i>11 11 21</i>						
Name of person giving information <i>Robert Morris</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enlarged Prostate</i>	How long <i>Gradual</i>
Immediate <i>Sepsis from urinary infection</i>	How long <i>2 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. D. Potter</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide?	

125



Name
in
Full

William E. Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

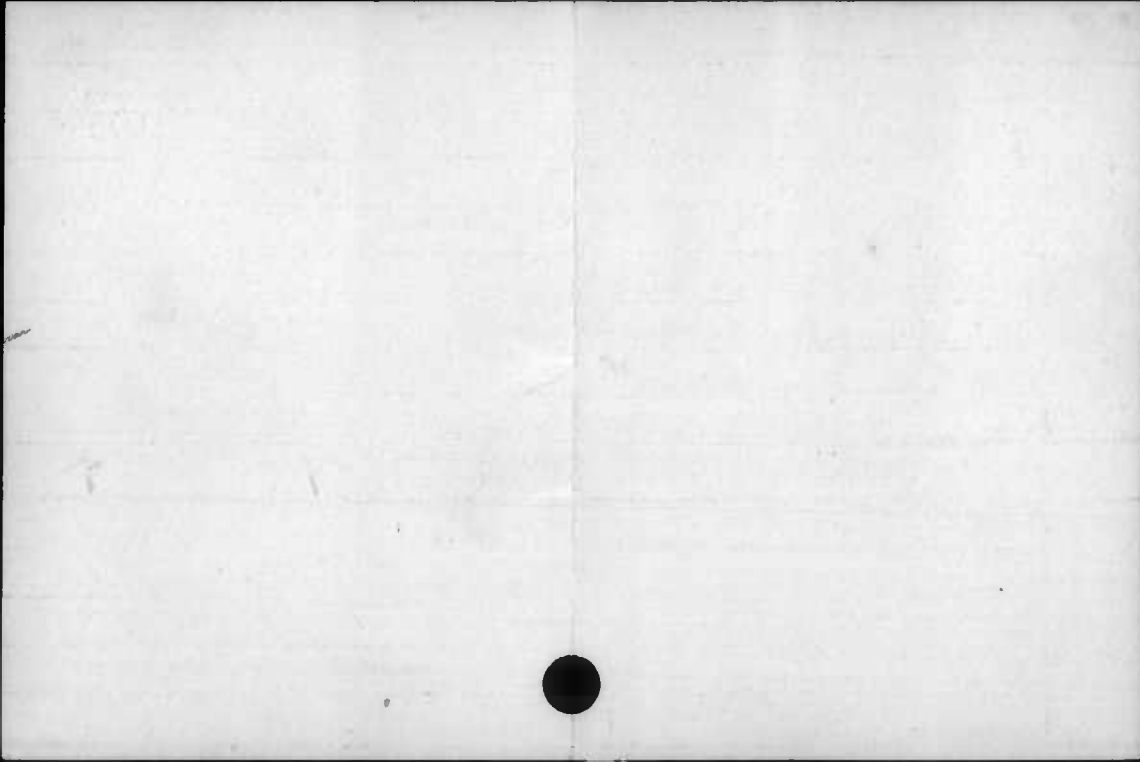
Died at <i>Rockaway</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	19 <i>00</i>	Month <i>Mch</i>	Day <i>30</i>	Age <i>15</i> Years	Months <i>5</i> Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Allen Md.</i>		
Occupation <i>Farm work</i>			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>George H. Peters</i>			Father's Birthplace <i>Wicomico Co. Md.</i>		
Mother's Maiden Name <i>Mary Robertson</i>			Mother's Birthplace " " "		
Name of person giving information <i>George H. Peters</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cerebro Spinal Meningitis</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Connaway</i>
	Address <i>Hebron Md</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

Aaron Prag

Town

County

MARYLAND

Died at Salisbury

Wicomico

Date

Month

Day

Years

Months

Days

of death

1900

Mch.

24th

Age

58

Sex

Male

Color or
Race

White

Birth-
place

Annapolis Md.

Occupation

Salesman

Where Residing if not
at place of death

Satisfied

Married, Single
or Widowed

Married

Name of Wife or
Husband

Fannie Prag

Father's
Name

Isaiah Prag

Father's
Birthplace

Germany

Mother's
Maiden Name

Rose Adler

Mother's
Birthplace

"

Name of person giving
Information

Rowland Prag

How related
to deceased

Son

CAUSES OF DEATH

50

Primary

Diabetes Mellitus

How long

several years

Immediate

Diabetic Insulin & Coma

How long

2 or 3 weeks, few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Louis Combs, M.D.

Annapolis Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Pris A Prior

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Salisbury* Town *Wicomico* County
Date of death *1906* Month *Mar* Day *12* Age *1* Years Months *9* Days *6*
Sex *Female* Color or Race *White* Birth-place *Id*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Marion S Prior*

Father's Birthplace *Md*

Mother's Maiden Name *Lorance L Huster*

Mother's Birthplace *N C*

Name of person giving Information *Marion S Prior*

How related to deceased *Father*

CAUSES OF DEATH

10

Primary *Influenza*

How long *2 weeks*

Immediate *Exhaustion*

How long *few days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

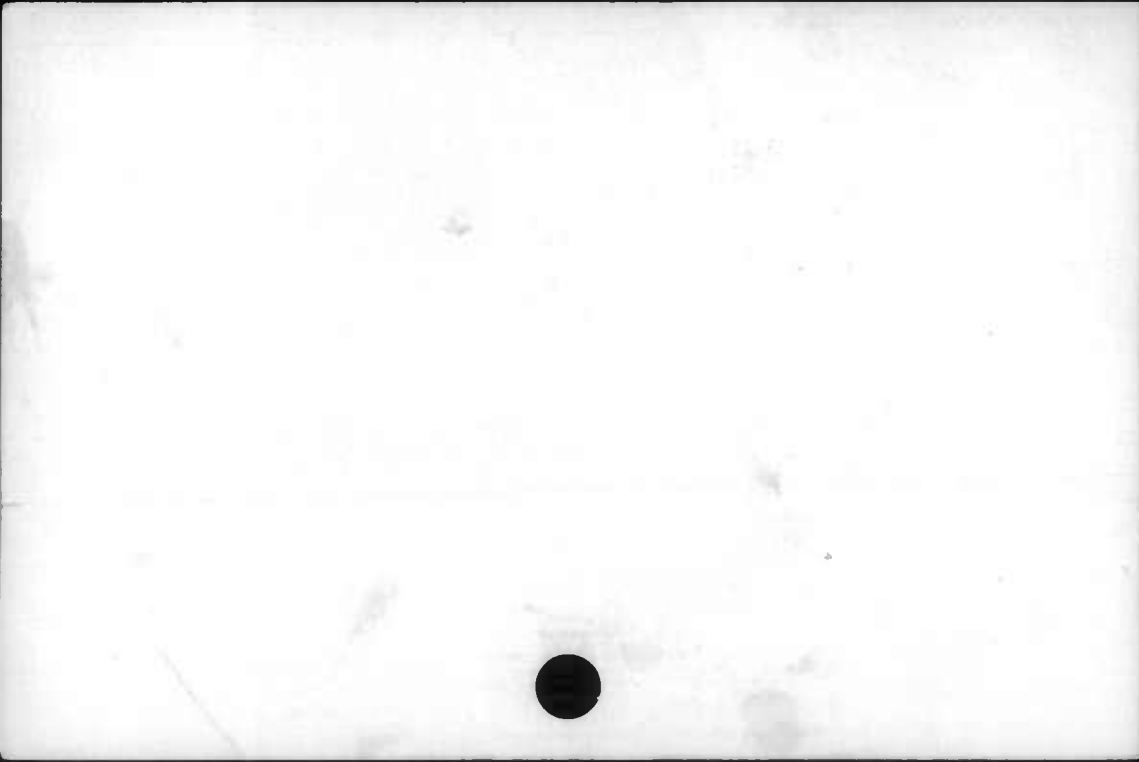
Address

as I know

*McDermott
Salisbury, Md*

Accident or Suicide *no*

PHYSICIAN
OR CORONER



Name
in Full

Isaac N Shockley (Prince Anne)
Town Salisbury County, Wicomico

CERTIFICATE OF DEATH

MARYLAND

Died at

Date of death

1908

Month

Mar

Day

30

Age

Years

85

Months

—

Days

11

Sex

Male

Color or Race

White

Birthplace

Ind

Occupation

Farming

Where Residing if not at place of death

Ind

Married, Single or Widowed

Widowed

Name of Wife or Husband

Nancy Shockley

Father's Name

Don't Know

Father's Birthplace

Not Known

Mother's Maiden Name

Don't Know

Mother's Birthplace

Not Known

Name of person giving Information

Addie Boyman

How related to deceased

Grand Daughter

CAUSES OF DEATH

Primary

Senility

How long

154

Immediate

Asthma & Bronchitis

How long

2 weeks.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

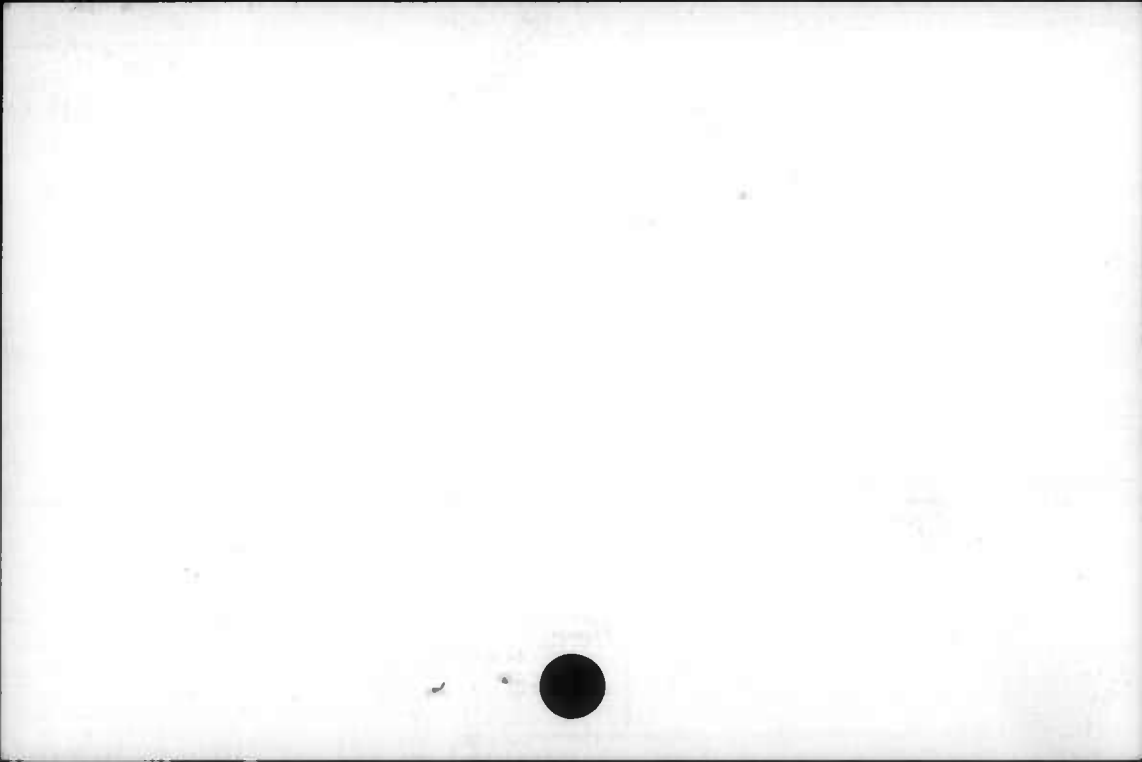
B. B. Potter

Address

Salisbury (Md.)

Accident or Suicide

—



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

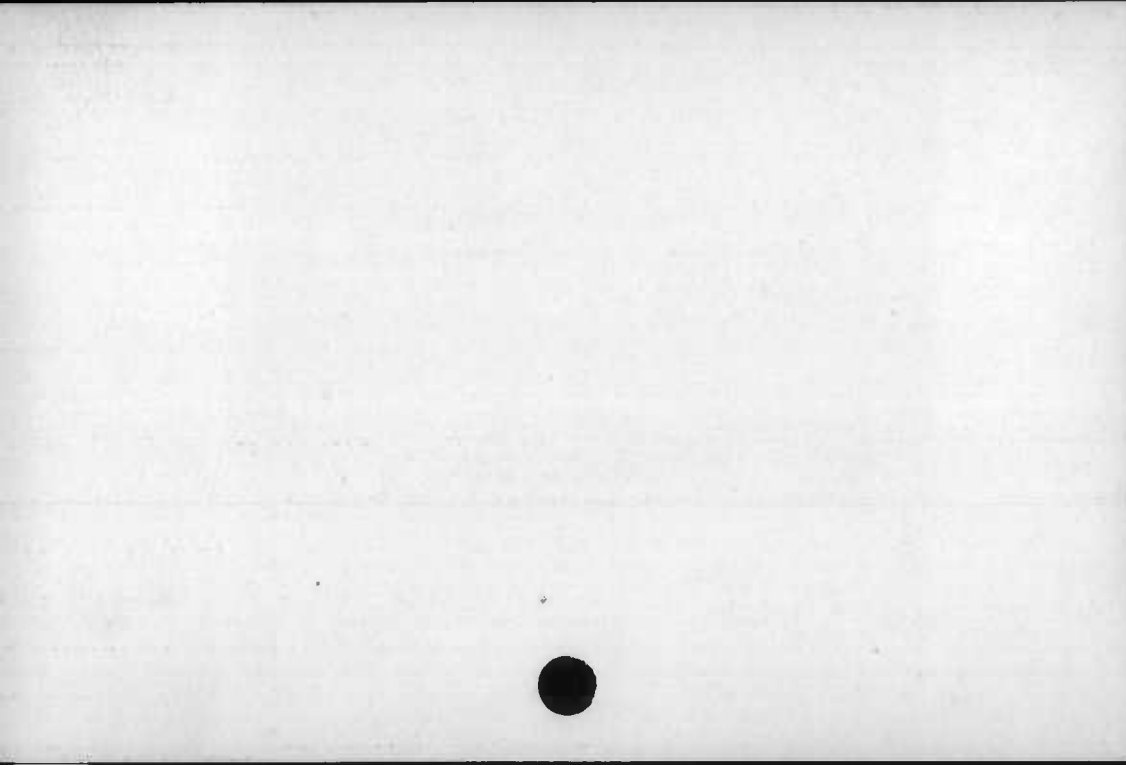
Died at <i>Salisbury P. G. Hospital</i> Town <i>Salisbury</i> County <i>Wicomico</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>Feb.</i>	Day <i>10th</i>	Years <i>32</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Don't know</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Don't know</i>		
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>P. G. Hospital</i>	How related to deceased <i>None</i>		

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary <i>Large uterine fibroid</i>	How long <i>8 mos</i>
Immediate <i>Thrombosis</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I know</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Henrietta Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury ^{Town} Wilcomico ^{County} MARYLAND
 Date of death 1940 ^{Month} March ^{Day} 25 ^{Years} 5 ^{Months} 9 ^{Days} 9
 Sex Female Color or Race a. a. Birth-place Salisbury
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name Henry Young Father's Birthplace ~
 Mother's Maiden Name Annie Cutchett Mother's Birthplace Wilcomico
 Name of person giving Information " How related to deceased mother

CAUSES OF DEATH

166 175

PHYSICIAN
OR CORONER

Primary Killed by being crushed by automobile ^{How long} Killed almost instantly
 Immediate Killed by automobile ^{How long} Killed almost instantly
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician W. J. Shiles M.D.
 Address Salisbury Md
 Accident or Suicide accident

